

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
FRED THOMPSON PAC

ADDRESS (number and street) 10332 MAIN STREET
 Check if different than previously reported. (ACC)
FAIRFAX VA 22030

2. **FEC IDENTIFICATION NUMBER** C00438507
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Roberts

Signature of Treasurer Electronically Filed by Richard Roberts Date 10 15 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
FRED THOMPSON PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		2140266.92
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	201211.09									
(c) Total Receipts (from Line 19)	254610.19	254610.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	455821.28	2394877.11								
7. Total Disbursements (from Line 31)	177173.19	177173.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	278648.09	2217703.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	42209.63									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
FRED THOMPSON PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18280.00	18280.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	12281.52	12281.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30561.52	30561.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30561.52	30561.52
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	59572.14	59572.14
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	164476.53	164476.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	254610.19	254610.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	254610.19	254610.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	169373.19	169373.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	169373.19	169373.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2800.00	2800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	3800.00	3800.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	177173.19	177173.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	177173.19	177173.19

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	30561.52	30561.52
34. Total Contribution Refunds (from Line 28(d))	3800.00	3800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26761.52	26761.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	169373.19	169373.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	59572.14	59572.14
38. Net Operating Expenditures (subtract Line 37 from Line 36)	109801.05	109801.05

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AJL INTERNATIONAL			Nature of Debt (Purpose): TRANSPORTATION SERVICES
Mailing Address 1227 17TH AVENUE SOUTH			
City	State	ZIP Code	
NASHVILLE	TN	37212	

Outstanding Balance Beginning This Period		Transaction ID: SD.001	
608.11			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	608.11	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS			Nature of Debt (Purpose): STORAGE/TRANSPORTATION
Mailing Address P.O. BOX 53852			
City	State	ZIP Code	
PHOENIX	AZ	85072	

Outstanding Balance Beginning This Period		Transaction ID: SD.002	
364.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
16198.05	16562.65	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRYAN CAVE LLP			Nature of Debt (Purpose): LEGAL SERVICES
Mailing Address P.O. BOX 5030B9			
City	State	ZIP Code	
ST. LOUIS	MO	63150	

Outstanding Balance Beginning This Period		Transaction ID: SD.003	
10019.03			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
20003.65	30022.68	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	608.11
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
GLOBAL CROSSING CONFERENCING

Nature of Debt (Purpose):
TELEPHONE SERVICE; BALANCE IS IN DISPUT

Mailing Address P.O. BOX 790407

City State ZIP Code
ST. LOUIS MO 63179

Outstanding Balance Beginning This Period

23687.58

Transaction ID: SD.004

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23687.58

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
XO COMMUNICATIONS

Nature of Debt (Purpose):
TELEPHONE SERVICE; AMOUNT IS IN DISPUTE

Mailing Address 14239 COLLECTIONS CENTER DRIVE

City State ZIP Code
CHICAGO IL 60693

Outstanding Balance Beginning This Period

17913.94

Transaction ID: SD.005

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17913.94

1) **SUBTOTALS** This Period This Page (optional)..... ▶

41601.52

2) **TOTALS** This Period (last page this line number only)..... ▶

42209.63

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

42209.63

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
LINDA ADAMS

Mailing Address 10 LOCUST STREET

City State Zip Code
COTTAGE GROVE TN 38224-5228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2008

Transaction ID: SA11.250162

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CAROL ANDERSON

Mailing Address 123 STERLING AVE

City State Zip Code
JERSEY CITY NJ 07305-1405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED N/A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2008

Transaction ID: SA11.250184

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MIKE S. AZER

Mailing Address 1 TRACY DRIVE

City State Zip Code
MANALAPAN NJ 07726-2838

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
I.T.T. CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11.250059

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) JIM BANKE	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 1692 CLOVER CIRCLE	Transaction ID: SA11.249967
	City State Zip Code MELBOURNE FL 32935-5563	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer SAIC	Occupation SPACE LAUNCH ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) BRENTON BATTLES	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 490 WEST PICKETT CREEK ROAD	Transaction ID: SA11.250053
	City State Zip Code GRANTS PASS OR 97527-9668	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) STEVEN BAYRD	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 1525 LINCOLN CL, #445	Transaction ID: SA11.250051
	City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer DEPARTMENT OF DEFENSE	Occupation PROGRAM MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 10 / 79
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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) JAMES BERGIN	Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 2423 35TH AVE. NE	Transaction ID: SA11.249901
	City State Zip Code HICKORY NC 28601-7953	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	

B.	Full Name (Last, First, Middle Initial) RICHARD BOCKRATH	Date of Receipt MM / DD / YYYY 09 / 07 / 2008
	Mailing Address 2314 WEST 17TH STREET	Transaction ID: SA11.250138
	City State Zip Code WILMINGTON DE 19806-1331	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation DUPONT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) MS. MARIE C. BOLLINGER	Date of Receipt MM / DD / YYYY 09 / 06 / 2008
	Mailing Address 5462 BEECHMONT AVENUE APARTMENT 11	Transaction ID: SA11.250103
	City State Zip Code CINCINNATI OH 45230-1165	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 79

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
BONNIE BOUSMAN

Mailing Address 9331 DEWEY DR.

City State Zip Code
GARDEN GROVE CA 92841-1159

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FRIENDS COMMUNITY CHURCH PASTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11.249999

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MARY BRYAN

Mailing Address 6400 MALVEY AVENUE

City State Zip Code
FORT WORTH TX 76116-4423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HARRIS METHODIST FORT WORTH HOSPITAL ADMINISTRATIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2008

Transaction ID: SA11.250198

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MARK C. BUNTON

Mailing Address 8718 SW 50TH AVENUE

City State Zip Code
PORTLAND OR 97219-3312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11.249956

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

150.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) WILLIAM CALLIS	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 20875 N. PIMA ROAD, #C-4-155	Transaction ID: SA11.249982
	City State Zip Code SCOTTSDALE AZ 85255-9194	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) DR. ROGELIO L. CARRERA	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 5010 SIMS ROAD	Transaction ID: SA11.250046
	City State Zip Code KNOXVILLE TN 37920-4984	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HHS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) BRIAN CARTER	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 8452 FREDERICKSBURG RD #374	Transaction ID: SA11.249927
	City State Zip Code SAN ANTONIO TX 78229-3317	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CONSULTANT DOCTORS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2230.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) MR. WILLIAM CHAPMAN		Date of Receipt
	Mailing Address P.O. BOX 1253		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 05 / 2008
	City	State	Zip Code
	ANGEL FIRE	NM	87710-1253
	FEC ID number of contributing federal political committee.		Transaction ID: SA11.250050
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

B.	Full Name (Last, First, Middle Initial) NATHAN CLYDE		Date of Receipt
	Mailing Address 2136 JULIET AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 19 / 2008
	City	State	Zip Code
	ST. PAUL	MN	55105-1322
	FEC ID number of contributing federal political committee.		Transaction ID: SA11.250208
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer HYPERTECT INC.		Occupation ENGINEER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) MRS. DONNA COATES		Date of Receipt
	Mailing Address 5404 80TH AVENUE CIR E.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2008
	City	State	Zip Code
	PALMETTO	FL	34221-9159
	FEC ID number of contributing federal political committee.		Transaction ID: SA11.249883
		Amount of Each Receipt this Period	
		<input type="text"/> 25.00	
Name of Employer MANATEE SCHOOLS		Occupation TEACHER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 235.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
MARK D. COLLIER

Mailing Address 12661 CORMORANT COVE LANE

City JACKSONVILLE State FL Zip Code 32223-2792

FEC ID number of contributing federal political committee. **C**

Name of Employer SUNSHINE RECYCLING Occupation SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 06 / 2008

Transaction ID: SA11.250079

Amount of Each Receipt this Period 45.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD COOLEY

Mailing Address 2509 PIEDMONT PLACE WEST

City SEATTLE State WA Zip Code 98199-3216

FEC ID number of contributing federal political committee. **C**

Name of Employer CLARK NUBER PS Occupation CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 05 / 2008

Transaction ID: SA11.250054

Amount of Each Receipt this Period 50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. CHRISTINE REED COOPER

Mailing Address 1106 BRADFIELD DRIVE S.W.

City LEESBURG State VA Zip Code 20175-4302

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2008

Transaction ID: SA11.250206

Amount of Each Receipt this Period 50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 145.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) MRS. ROSELYN CRESSE		Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address P.O. BOX 133		Transaction ID: SA11.250020
	City ACTON	State CA	Zip Code 93510-0133
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer RETIRED		Occupation RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) DAVID CROUTERS		Date of Receipt MM / DD / YYYY 09 / 06 / 2008
	Mailing Address P.O. BOX 178		Transaction ID: SA11.250094
	City CATRON	State MO	Zip Code 63833-0178
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer SELF-EMPLOYED		Occupation FARMER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MISS ALLETHAIRE CULLEN		Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 2913 WEST SHORE ROAD		Transaction ID: SA11.249923
	City WARWICK	State RI	Zip Code 02886-5446
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer COMMUNITY COLLEGE OF RI		Occupation ASSISTANT PROFESSOR, NURSING
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 79
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
LEE DAIGLE

Mailing Address 6896 REMINGTON VIEW COURT

City State Zip Code
ORLANDO FL 32829-7651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UDELHOVEN OILFIELD SERVICES ELECTRICAL QA INSPECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11.250027

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CLARKE DAVIS

Mailing Address 7043 FURROW RD

City State Zip Code
REYNOLDSBURG OH 43068-7061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUNTINGTON BANKING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2008

Transaction ID: SA11.249909

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MARTI A. DEPUTY

Mailing Address 1744 REED CIRCLE

City State Zip Code
MINDEN NV 89423-7034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIERRA VIEW DENTAL DENTAL HYGIENIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2008

Transaction ID: SA11.250123

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) DONALD DILLMAN	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 2502 BRIARCREST DR	Transaction ID: SA11.249946
	City State Zip Code IRVING TX 75063-3175	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation UNITED AIRLINES MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) GLENN DREHER	Date of Receipt MM / DD / YYYY 09 / 07 / 2008
	Mailing Address 6005 LAKEHURST DR.	Transaction ID: SA11.250126
	City State Zip Code BALTIMORE MD 21210-1045	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) TODD EAGLESTON	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 2013 WATERBURY LN	Transaction ID: SA11.250146
	City State Zip Code LAS VEGAS NV 89134	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation NEVADA POWER COMPANY PROJECT DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) MARK ENDERLE	Date of Receipt MM / DD / YYYY 09 / 06 / 2008
	Mailing Address 1048 STOWBRIDGE LANE	Transaction ID: SA11.250108
	City State Zip Code LEXINGTON KY 40515-5074	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation STIVERS & ASSOCIATES, PSC ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) EDWARD F. FINK	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 2424 WINDRIDGE DR NE	Transaction ID: SA11.250218
	City State Zip Code CONYERS GA 30013-5729	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) MS. LINDA FITZGERALD	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 1339 INDIANA AVENUE	Transaction ID: SA11.250001
	City State Zip Code CONNERSVILLE IN 47331-2132	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) DR. GARY A. FLUSCHE	Date of Receipt MM / DD / YYYY 09 / 06 / 2008
	Mailing Address 300 WESTLAKE DRIVE	Transaction ID: SA11.250100
	City State Zip Code WEST LAKE HILLS TX 78746-5306	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CAPITOL ANESTHESIOLOGY ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.00	

B.	Full Name (Last, First, Middle Initial) BARRETT FOGLE	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 2058 AZALEA TRAIL	Transaction ID: SA11.250035
	City State Zip Code IRVING TX 75063-5510	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation REDDY ICE TAX MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) GERALD FOSTER	Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 2705 W. 10TH ST.	Transaction ID: SA11.249850
	City State Zip Code LAKELAND FL 33805-3909	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF GROUP HOME OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 79
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
MR. MIKE FRISBIE

Mailing Address 7793 EAST HIGHWAY #4

City State Zip Code
GYPSUM KS 67448

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FRISBIE CONSTRUCTION COMP- ANY INCORPORA CONSTRUCTION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11.250062

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES GLATCZAK

Mailing Address 1N955 SADDLEWOOD DRIVE

City State Zip Code
MAPLE PARK IL 60151-8588

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2008

Transaction ID: SA11.250168

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PIERRETTE GORDON

Mailing Address 720 N. COLLIER BLVD. #201

City State Zip Code
MARCO ISLAND FL 34145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11.250037

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1200.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) CHARMA GREEN	Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 1327 W. CHESTNUT ST.	Transaction ID: SA11.249858
	City State Zip Code DENISON TX 75020-3429	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer CLIENT SERVICES CUSTOMER CARE Occupation ADMINISTRATIVE MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

B.	Full Name (Last, First, Middle Initial) JOE GRODAHL BIEVER	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 3428 EMERSON AVE S	Transaction ID: SA11.249959
	City State Zip Code MINNEAPOLIS MN 55408-3954	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer BLOOMINGTON REALTY Occupation REAL ESTATE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 715.00	

C.	Full Name (Last, First, Middle Initial) ROBERT HANNAY	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 4616 E. WHITE DRIVE	Transaction ID: SA11.249998
	City State Zip Code PARADISE VALLEY AZ 85253-2415	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
MRS. SYLVIA J. HANNEKEN

Mailing Address 1033 HAMPTON DRIVE

City State Zip Code
MACEDONIA OH 44056-1925

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2008

Transaction ID: SA11.250139

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MISS MARGARET L. HANSON

Mailing Address 240 WALNUT STREET

City State Zip Code
BRISTOL PA 19007-4929

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2008

Transaction ID: SA11.250220

Amount of Each Receipt this Period
40.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOB HOPPER

Mailing Address 1025 MEADOWLAKE RD

City State Zip Code
CHATTANOOGA TN 37415-5605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PROFIT PLANS, LLC LIFE INSURANCE SALESMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2008

Transaction ID: SA11.250189

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **390.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) VICKI HVIDSTON	Date of Receipt MM / DD / YYYY 09 / 11 / 2008
	Mailing Address 1404 PALOMINO AVE	Transaction ID: SA11.250176
	City UPLAND State CA Zip Code 91786-2572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation RN/ CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1460.00	

B.	Full Name (Last, First, Middle Initial) CLAY KELLEY	Date of Receipt MM / DD / YYYY 09 / 07 / 2008
	Mailing Address 2745 NORTH COLLINS SUITE 111	Transaction ID: SA11.250130
	City ARLINGTON State TX Zip Code 76006	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. PATRICK A. KELLEMS	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 11350 AUBURN ROAD	Transaction ID: SA11.250022
	City TELL CITY State IN Zip Code 47586-8951	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer WESTERN KENTUCKY ENERGY Occupation INSTRUMENT TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 79
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
MR. TIMOTHY KNIGHT

Mailing Address 1059 BLACK RUSH CIRCLE

City State Zip Code
MOUNT PLEASANT SC 29466-8082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11.249991
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COL. KENNETH E. KRAUSE

Mailing Address 6550 CREWS LAKE HILLS LOOP E.

City State Zip Code
LAKELAND FL 33813-3857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11.250047
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN KRISTEN

Mailing Address 7012 WATERBURY POINT

City State Zip Code
NASHVILLE TN 37221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INGRAM BARGE COMPANY TRANSPORTATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 28 / 2008
Transaction ID: SA11.250229
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
JANICE KUSHNER

Mailing Address 1279 THOMPSON AVENUE

City SEVERN State MD Zip Code 21144-1908

FEC ID number of contributing federal political committee. **C**

Name of Employer DOT/FAA Occupation RETIRED AIR TRAFFIC CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 05 / 2008
Transaction ID: SA11.250074
 Amount of Each Receipt this Period: 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ED LAWSON

Mailing Address 1311 WILSON HTS. DR.

City AUSTIN State TX Zip Code 78746-6348

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 09 / 2008
Transaction ID: SA11.250159
 Amount of Each Receipt this Period: 50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL MCCONNELL

Mailing Address 3561 INVERNESS BOULEVARD

City CARMEL State IN Zip Code 46032-9381

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1850.00

Date of Receipt: 09 / 20 / 2008
Transaction ID: SA11.250211
 Amount of Each Receipt this Period: 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 400.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) MARY GAY MCCORMICK	Date of Receipt MM / DD / YYYY 09 / 11 / 2008
	Mailing Address 265 SPOOK ROCK RD	Transaction ID: SA11.250181
	City State Zip Code SUFFERN NY 10901-3606	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation N/A RETIRED RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) LON MCWRIGHTMAN	Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 9145 SE ORIENT DRIVE	Transaction ID: SA11.249907
	City State Zip Code BORING OR 97009-9423	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation OREGON HEALTH AND SCIENCE UNIVERSITY SYSTEMS SOFTWARE ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

C.	Full Name (Last, First, Middle Initial) BARRY METZGER	Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 233 CORE CREEK RD.	Transaction ID: SA11.249853
	City State Zip Code BEAUFORT NC 28516-7525	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation NONE NONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 79
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
BARRY METZGER

Mailing Address 233 CORE CREEK RD.

City State Zip Code
BEAUFORT NC 28516-7525

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation NONE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2008

Transaction ID: SA11.250150

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CHIP MEYER

Mailing Address 24152 LYONS AVENUE #222

City State Zip Code
NEWHALL CA 91321-2442

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2008

Transaction ID: SA11.249877

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
VICTOR MICHAEL

Mailing Address 87 JASPER LAKE ROAD

City State Zip Code
LOVELAND CO 80537-4494

FEC ID number of contributing federal political committee. **C**

Name of Employer MOUNTAIN STATES RADIO Occupation MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2008

Transaction ID: SA11.249851

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 375.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 79
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) MICHAEL MISSIMER	Date of Receipt MM / DD / YYYY 09 / 05 / 2008
	Mailing Address 3154 BEACHWINDS CT	Transaction ID: SA11.250034
	City State Zip Code MELBOURNE BEACH FL 32951-3014	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) HOWARD MITNICK	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address P.O. BOX 128	Transaction ID: SA11.249949
	City State Zip Code PENNINGTON NJ 08534	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) MRS. TINA MICHELLE MONTGOMERY	Date of Receipt MM / DD / YYYY 09 / 06 / 2008
	Mailing Address 2724 AMEN CORNER ROAD	Transaction ID: SA11.250105
	City State Zip Code PFLUGERVILLE TX 78660-5085	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation A.I.S.D. ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	▶	1110.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 79
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD S. MOORE

Mailing Address 1818 ROSCOE TURNER TRAIL

City State Zip Code
PORT ORANGE FL 32128-6838

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11.250012

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN E. MORGAN

Mailing Address 21005 WOODS CREEK ROAD

City State Zip Code
MONROE WA 98272-9691

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11.250055

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
NANCY NATION

Mailing Address 2064 S. GRAY DR.

City State Zip Code
LAKEWOOD CO 80227-2504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIS ADMIN.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11.249983

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 800.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
EMILY NELSON

Mailing Address 3320 NEWKIRK DRIVE

City State Zip Code
PLANO TX 75075-6231

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation HOUSE WIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	8

Transaction ID: SA11.250011

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHRIS NUNN

Mailing Address 4211 WOODMERE COVE

City State Zip Code
MEMPHIS TN 38117-3636

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	8

Transaction ID: SA11.249939

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. BETTY J. OLSEN

Mailing Address 4317 BROOKE DRIVE

City State Zip Code
VALRICO FL 33594-5532

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED
Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	0	8

Transaction ID: SA11.249899

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **150.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) ZANDRA ORR		Date of Receipt
	Mailing Address #6 RED SKY LANE		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ROSWELL	NM	88201-8315
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NM SUBWAY		Occupation RESTAURANT OWNER	Transaction ID: SA11.249948
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="100.00"/>
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) MR. RALPH D. PETERSON		Date of Receipt
	Mailing Address 12 MARINERS PLACE		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CROSSVILLE	TN	38558
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11.250036
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="100.00"/>
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) MR. GEORGE O. PFAFF		Date of Receipt
	Mailing Address 16 BEAVER CREEK LANE		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ASHEVILLE	NC	28804-2765
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11.250221
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1350.00"/>	<input type="text" value="500.00"/>
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="700.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 79
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
MR. WOOD W. PHARES

Mailing Address 6559 OAKLAND HILLS DRIVE

City State Zip Code
BRADENTON FL 34202-2522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2008

Transaction ID: SA11.249894

Amount of Each Receipt this Period
20.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHERRY PROVENCHER

Mailing Address 4121 WALSH LANE

City State Zip Code
GRAND PRAIRIE TX 75052-4243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EDID RAMOS, MD OFFICE MANAGER, PHYSICAL THERAPIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2008

Transaction ID: SA11.249881

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CHERI PRUITT

Mailing Address 308 N. MOOSE ST

City State Zip Code
MORRILTON AR 72110-2810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STROUD'S HOME FURNISHINGS SALES/OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2008

Transaction ID: SA11.250114

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 70.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 79
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
WILLIAM PRUNKA

Mailing Address 15 HAWTHORN COURT

City State Zip Code
ROCKVILLE MD 20850-2028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TRI-STATE STONE MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: SA11.249863

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL THOMAS QUINTAL

Mailing Address 14914 MASONIC BLVD.

City State Zip Code
WARREN MI 48088-6231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HI-LEX CONTROLS PRODUCT DESIGNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 6 / 2 0 0 8

Transaction ID: SA11.250113

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GREG RADABAUGH

Mailing Address 9903 BRIAR PATCH

City State Zip Code
SAN ANTONIO TX 78254-6129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DEPT OF DEFENSE ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11.250045

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
WES RAMSAY
Mailing Address P.O. BOX 486
City BURNS State TN Zip Code 37029-0486
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation MUSICIAN
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00
Date of Receipt 09 / 03 / 2008
Transaction ID: SA11.249916
Amount of Each Receipt this Period 25.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. PATRICIA B. REMAKLUS
Mailing Address P.O. BOX 35025
City RICHMOND State VA Zip Code 23235-0025
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation BUSINESS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 05 / 2008
Transaction ID: SA11.250073
Amount of Each Receipt this Period 50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES B. RICE, SR.
Mailing Address P.O. BOX 19019
City ATLANTA State GA Zip Code 31126-1019
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 09 / 11 / 2008
Transaction ID: SA11.250216
Amount of Each Receipt this Period 5000.00
CONTRIBUTION
REFUNDED \$2,300.00 ON 09/-25/2008

SUBTOTAL of Receipts This Page (optional) ► 5075.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 79

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
TOM RICHARDSON

Mailing Address 106 OXFORD DRIVE

City State Zip Code
FRANKLIN TN 37064-2449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED MEDICAL EQUIPMENT SALES

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 06 / 2008

Transaction ID: SA11.250102

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PAT RICHESIN

Mailing Address 412 LAKE CHARLES AVE N

City State Zip Code
FORT WORTH TX 76103-1011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
#NAME? NURSE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11.249962

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CLYDE L. RILEY

Mailing Address 3557 SOUTH LIVE OAK DRIVE

City State Zip Code
MONCK'S CORNER SC 29461-8744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 410.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11.249987

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

150.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) NORMA ROGERS		Date of Receipt
	Mailing Address 7 HERMIT THRUSH PLACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2008
	City	State	Zip Code
	THE WOODLANDS	TX	77382-5375
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.249931
Name of Employer RETIRED		Occupation INSURANCE UNDERWRITER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) CHRIS ROSSITER		Date of Receipt
	Mailing Address 1265 S. AARON #243		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2008
	City	State	Zip Code
	MESA	AZ	85209-3792
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.249849
Name of Employer ADI		Occupation PILOT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2325.00
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) NEAL W. RUDY		Date of Receipt
	Mailing Address 10461 N NORTH FOREST TRL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2008
	City	State	Zip Code
	PEORIA	IL	61615-1306
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.249944
Name of Employer ASSOC ANESTHASIOLOGISTS		Occupation N/A	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) KELLY SCHLENKER		Date of Receipt
	Mailing Address 6937 REFUGIO CIRCLE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 05 / 2008
	City	State	Zip Code
	BEDIAS	TX	77831-5401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.249965
Name of Employer NONE		Occupation NONE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) PAUL SCHMELZER		Date of Receipt
	Mailing Address 1109 TERRACE CT.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 16 / 2008
	City	State	Zip Code
	LAKE GENEVA	WI	53147-5027
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.250192
Name of Employer KYRON CLINICAL IMAGING		Occupation PRESIDENT, CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 325.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) DAVID SHELLENBERGER		Date of Receipt
	Mailing Address 58 POCAHONTAS RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 17 / 2008
	City	State	Zip Code
	REDDING	CT	06896-1614
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.250199
Name of Employer N/A		Occupation ATTORNEY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 450.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) DAVID SHELLENBERGER		Date of Receipt
	Mailing Address 58 POCAHONTAS RD.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 19 / 2008
	City	State	Zip Code
	REDDING	CT	06896-1614
	FEC ID number of contributing federal political committee.		Transaction ID: SA11.250207
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer N/A		Occupation ATTORNEY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 450.00	

B.	Full Name (Last, First, Middle Initial) BONNIE SMETZER		Date of Receipt
	Mailing Address 485 PONOKA STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 06 / 2008
	City	State	Zip Code
	SEBASTIAN	FL	32958-3902
	FEC ID number of contributing federal political committee.		Transaction ID: SA11.250118
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer JMG REALTY, INC.		Occupation REAL ESTATE MANAGEMENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) LARRY SMETZER		Date of Receipt
	Mailing Address 485 PONOKA STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 07 / 2008
	City	State	Zip Code
	SEBASTIAN	FL	32958-3902
	FEC ID number of contributing federal political committee.		Transaction ID: SA11.250133
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 575.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 79
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
MR. DANIEL G. SMITH

Mailing Address 7 WOODBINE RD.

City State Zip Code
FLORHAM PARK NJ 07932-2649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2008

Transaction ID: SA11.250165

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MARSHALL SMITH

Mailing Address 26535 WESTON DRIVE

City State Zip Code
LOS ALTOS HILLS CA 94022-1937

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11.250039

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. ROBERT STEELE

Mailing Address 783 HUNTERS TRAIL

City State Zip Code
KOKOMO IN 46901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2008

Transaction ID: SA11.250096

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) MR. JAMES STOREY		Date of Receipt
	Mailing Address 316 WESTERN HILLS BOULEVARD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2008
	City	State	Zip Code
	CHEYENNE	WY	82009-3438
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11.249893
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 50.00
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) JIM TAYLOR		Date of Receipt
	Mailing Address 9306 CHATTANOOGA DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 05 / 2008
	City	State	Zip Code
	SAN ANTONIO	TX	78240-2873
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer SELF		Occupation RETIRED CPA \ RE BROKER	Transaction ID: SA11.24985
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 300.00	<input type="text"/> 100.00
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) MARGARET THOMAS		Date of Receipt
	Mailing Address 1715 SO. D ST.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 10 / 2008
	City	State	Zip Code
	ELWOOD	IN	46036
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11.250173
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1075.00	<input type="text"/> 50.00
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 79
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
JAMES TRAVIS

Mailing Address 5 HALIFAX COURT

City State Zip Code
STAFFORD VA 22554-7690

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US GOVERNMENT ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2008

Transaction ID: SA11.250072

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. VIRGINIA VICKERS

Mailing Address 2903 W SAN MIGUEL STREET

City State Zip Code
TAMPA FL 33629-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAE USA, INC. CPA (INACTIVE)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2008

Transaction ID: SA11.250077

Amount of Each Receipt this Period
15.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
FRANK WEINHOLT

Mailing Address 2780 POINT DR.

City State Zip Code
MONROE LA 71201-2460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2008

Transaction ID: SA11.249920

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **540.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
MR. KENNETH S. WILLIAMS

Mailing Address 3145 JUPITER ST.

City State Zip Code
WINNEMUCCA NV 89445-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2008

Transaction ID: SA11.250128

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MONROE WINGATE

Mailing Address 19360 CARRIGER ROAD

City State Zip Code
SONOMA CA 95476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2008

Transaction ID: SA11.250110

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PHILLIP L. WORK

Mailing Address 6210 BAYONNE DRIVE

City State Zip Code
SPRING TX 77389-5233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED GEOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2008

Transaction ID: SA11.250104

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 525.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) MARC ZSUTTY		Date of Receipt
	Mailing Address 2549 MARATHON DR.		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SAN DIEGO	CA	92123-3618
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer QUALCOMM	Occupation SUPERVISOR	Transaction ID: SA11.250205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="50.00"/>	
Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>		CONTRIBUTION	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="50.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="18280.00"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
PATRICK COX
Mailing Address 2002 A GREENWOOD DRIVE
City TALLAHASSEE State FL Zip Code 32303
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 443.34
Date of Receipt 09 / 15 / 2008
Transaction ID: SA.012
Amount of Each Receipt this Period 443.34
PAYROLL
VOID UNCASHED STALE DATED CHECK ISSUED 1/31/08.

B. Full Name (Last, First, Middle Initial)
ANDREW DORR
Mailing Address 2530 73RD STREET
City URBANDALE State IA Zip Code 50322
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.40
Date of Receipt 09 / 15 / 2008
Transaction ID: SA.013
Amount of Each Receipt this Period 345.40
OFFICE SUPPLIES/FOOD/BEVERAGE
VOID UNCASHED STALE DATE CHECK ISSUED 1/9/08.

C. Full Name (Last, First, Middle Initial)
MARLYS GRANT
Mailing Address 2530 73RD STREET
City URBANDALE State IA Zip Code 50322
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 508.18
Date of Receipt 09 / 15 / 2008
Transaction ID: SA.014
Amount of Each Receipt this Period 333.44
PAYROLL
VOID UNCASHED STALE DATED CHECK ISSUED 1/31/08.

SUBTOTAL of Receipts This Page (optional) ► 1122.18
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 79
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
LEAH LEVY

Mailing Address 1760 OLD MEADOW ROAD
SUITE 350

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.49

Date of Receipt: 09 / 15 / 2008
Transaction ID: SA.015
 Amount of Each Receipt this Period: 270.00
 TRAVEL
 VOID UNCASHED STALE DATED CHECK ISSUED 2/21/08

B. Full Name (Last, First, Middle Initial)
LEAH LEVY

Mailing Address 1760 OLD MEADOW ROAD
SUITE 350

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.49

Date of Receipt: 09 / 15 / 2008
Transaction ID: SA.016
 Amount of Each Receipt this Period: 75.49
 OFFICE SUPPLIES
 VOID UNCASHED STALE DATED CHECK ISSUED 11/26/07

C. Full Name (Last, First, Middle Initial)
NICHOLAS LUNA

Mailing Address 1760 OLD MEADOW ROAD
SUITE 350

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1390.90

Date of Receipt: 09 / 15 / 2008
Transaction ID: SA.017
 Amount of Each Receipt this Period: 1390.90
 TRAVEL
 VOID UNCASHED STALE DATED CHECK ISSUED 2/27/08.

SUBTOTAL of Receipts This Page (optional) ► 1736.39

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 79
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) JAMES RYDELL	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 3354 WILLOW STREET	Transaction ID: SA.019
	City State Zip Code SANTA YNEZ CA 93460	Amount of Each Receipt this Period 3222.98
	FEC ID number of contributing federal political committee. C	PAYROLL
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3222.98	VOID STALE DATED CHECK ISSUED 1/31/08. CHECK RE-ISSUED 8/11/08.

B.	Full Name (Last, First, Middle Initial) PHILIP WIPPERMAN	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 1703 GERVAIS STREET	Transaction ID: SA.011
	City State Zip Code COLUMBIA SC 29201	Amount of Each Receipt this Period 417.23
	FEC ID number of contributing federal political committee. C	PAYROLL
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 417.23	VOID UNCASHED STALE DATED CHECK ISSUED 1/20/08.

C.	Full Name (Last, First, Middle Initial) ACE PARKING	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 645 ASH STREET	Transaction ID: SA.021
	City State Zip Code SAN DIEGO CA 92101	Amount of Each Receipt this Period 610.00
	FEC ID number of contributing federal political committee. C	EVENT PARKING
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 610.00	VOID STALE DATED UNCASHED CHECK ISSUED 10/22/07. SERVICES WERE NOT USED.

SUBTOTAL of Receipts This Page (optional)	▶	4250.21
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 79
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) BLUECROSS BLUE SHIELD OF TENNESSEE		Date of Receipt
	Mailing Address P.O. BOX 18227		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CHATTANOOGA	TN	37422
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA.008
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="4052.70"/>	<input type="text" value="4052.70"/>
			REFUND OF UNUSED HEALTH INS. PREMIUMS

B.	Full Name (Last, First, Middle Initial) CONRAD DIRECT		Date of Receipt
	Mailing Address 300 KNICKERBOCKER ROAD		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	CRESSKILL	NJ	07626
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA.001
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="26550.72"/>	<input type="text" value="26550.72"/>
			REFUND OF UNUSED LIST RENTAL COSTS
			ORIGINAL CHECK 03/05/08

C.	Full Name (Last, First, Middle Initial) JSG LEASING		Date of Receipt
	Mailing Address 888 16TH STREET, NW SUITE 740		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	WASHINGTON	DC	20006
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA.022
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="3805.66"/>	<input type="text" value="3805.66"/>
			CHARTER AIRFARE
			CHECK ISSUED TO INCORRECT VENDOR. RE-ISSUED TO MARK HOLMAN LEASING ON 9/22/08

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="34409.08"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 79
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) US POSTAL SERVICE	Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address	Transaction ID: SA.003
	City State Zip Code EAGAN MN 55121	Amount of Each Receipt this Period 15246.60
	FEC ID number of contributing federal political committee. C	REFUND OF UNUSED POSTAGE BRE ACCT
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15246.60 ORIGINAL CHECK 10/01/07

B.	Full Name (Last, First, Middle Initial) VERMONT SECRETARY OF STATE	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 26 TERRACE STREET	Transaction ID: SA.023
	City State Zip Code MONTPELIER VT 05609	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	BALLOT ACCESS FEE
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00 CHECK NEVER CASHED AS CANDIDATE WITHDREW PRIOR TO ELECTION. ORIGINAL CHECK DATED 1/16/08.

C.	Full Name (Last, First, Middle Initial) WACHOVIA BANK	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 230 4TH AVENUE NORTH	Transaction ID: SA.024
	City State Zip Code NASHVILLE TN 37219	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	BANK CHARGES
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00 REVERSE BANK CHARGES ENTERED IN ERROR 4/2/08

SUBTOTAL of Receipts This Page (optional)	▶	17546.60
TOTAL This Period (last page this line number only)	▶	59064.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 79
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
DIAMOND LIST MARKETING COMPANY, INC.

Mailing Address 6715 LITTLE RIVER TURNPIKE
SUITE 207

City ANNANDALE State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 46956.02

Date of Receipt: M M / D D / Y Y Y Y Y
07 / 03 / 2008

Transaction ID: SA.004

Amount of Each Receipt this Period: 46956.02

LIST RENTAL INCOME

BASED ON MARKET USUAL AND CUSTOMARY RATES

B. Full Name (Last, First, Middle Initial)
DIAMOND LIST MARKETING COMPANY

Mailing Address 6715 LITTLE RIVER TURNPIKE

City ANNANDALE State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 81903.90

Date of Receipt: M M / D D / Y Y Y Y Y
08 / 04 / 2008

Transaction ID: SA.006

Amount of Each Receipt this Period: 34947.88

LIST RENTAL INCOME

BASED ON MARKET USUAL AND CUSTOMARY RATES

C. Full Name (Last, First, Middle Initial)
DIAMOND LIST MARKETING COMPANY, INC.

Mailing Address 6715 LITTLE RIVER TURNPIKE
SUITE 207

City ANNANDALE State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 164274.69

Date of Receipt: M M / D D / Y Y Y Y Y
09 / 04 / 2008

Transaction ID: SA.026

Amount of Each Receipt this Period: 82370.79

LIST RENTAL INCOME

BASED ON MARKET USUAL AND CUSTOMARY RATES

SUBTOTAL of Receipts This Page (optional) ► 164274.69

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 50 / 79	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) FRED THOMPSON PAC
--

A.	Full Name (Last, First, Middle Initial) WACHOVIA BANK	Date of Receipt
	Mailing Address 230 4TH AVENUE NORTH	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City State Zip Code NASHVILLE TN 37219	Transaction ID: SA.027
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="60.94"/>
	Name of Employer Occupation	INTEREST
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="201.84"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.94"/>
TOTAL This Period (last page this line number only)	<input type="text" value="164335.63"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) KEVIN KELLEMS	Transaction ID: SB.050 Date of Disbursement 08 / 25 / 2008
	Mailing Address C/O THE STRATEGY CENTER P.O. BOX 35	Amount of Each Disbursement this Period 3777.49
	City CANAAN State IN Zip Code 47224	
	Purpose of Disbursement REIM AIRFARE \$636.49/HOTEL \$3141.00	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOBBIE MURPHY	Transaction ID: SB.004 Date of Disbursement 07 / 15 / 2008
	Mailing Address 4815 WAYSIDE DRIVE	Amount of Each Disbursement this Period 1242.65
	City OLD HICKORY State TN Zip Code 37138	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BOBBIE MURPHY	Transaction ID: SB.005 Date of Disbursement 07 / 30 / 2008
	Mailing Address 4815 WAYSIDE DRIVE	Amount of Each Disbursement this Period 1242.65
	City OLD HICKORY State TN Zip Code 37138	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6262.79
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) BOBBIE MURPHY	Transaction ID: SB.048
	Mailing Address 4815 WAYSIDE DRIVE	Date of Disbursement MM / DD / YYYY 08 / 15 / 2008
	City OLD HICKORY State TN Zip Code 37138	Amount of Each Disbursement this Period 1242.65
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOBBIE MURPHY	Transaction ID: SB.049
	Mailing Address 4815 WAYSIDE DRIVE	Date of Disbursement MM / DD / YYYY 08 / 29 / 2008
	City OLD HICKORY State TN Zip Code 37138	Amount of Each Disbursement this Period 1242.65
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BOBBIE MURPHY	Transaction ID: SB.056
	Mailing Address 4815 WAYSIDE DRIVE	Date of Disbursement MM / DD / YYYY 09 / 15 / 2008
	City OLD HICKORY State TN Zip Code 37138	Amount of Each Disbursement this Period 1242.65
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3727.95
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 53 / 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) BOBBIE MURPHY	Transaction ID: SB.057
	Mailing Address 4815 WAYSIDE DRIVE	Date of Disbursement MM / DD / YYYY 09 / 30 / 2008
	City OLD HICKORY State TN Zip Code 37138	Amount of Each Disbursement this Period 1242.65
	Purpose of Disbursement PAYROLL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) JIM RYDELL	Transaction ID: SB.006
	Mailing Address 330 RIVERVIEW DRIVE	Date of Disbursement MM / DD / YYYY 07 / 15 / 2008
	City BUELTON State CA Zip Code 93427	Amount of Each Disbursement this Period 1975.19
	Purpose of Disbursement REIMBURSE OFFICE EXPENSES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

OFFICE SUPPLIES \$902.55/C-AMPAIGN MERCHANDISE \$319.-53/OFFICE EXPENSE \$654.04-/MISC. \$99.07

C.	Full Name (Last, First, Middle Initial) JIM RYDELL	Transaction ID: SB.007
	Mailing Address 330 RIVERVIEW DRIVE	Date of Disbursement MM / DD / YYYY 07 / 15 / 2008
	City BUELTON State CA Zip Code 93427	Amount of Each Disbursement this Period 6636.75
	Purpose of Disbursement REIM TRAVEL EXPENSES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

GAS \$565.38/TRANSPORTATION \$2160.21/LODGING \$86.08/M-EALS \$2490.08/TIPS \$1335.-00

SUBTOTAL of Disbursements This Page (optional)	▶	9854.59
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) JIM RYDELL Mailing Address 330 RIVERVIEW DRIVE City BUELTON State CA Zip Code 93427 Purpose of Disbursement REIM COST OF PHOTO PRINTER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.008 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 1043.15
B.	Full Name (Last, First, Middle Initial) JIM RYDELL Mailing Address 330 RIVERVIEW DRIVE City BUELTON State CA Zip Code 93427 Purpose of Disbursement REISSUED OF UNCASHED 1/31/08 P/R CHECK Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.026 Date of Disbursement 08 / 11 / 2008 Amount of Each Disbursement this Period 3222.98
C.	Full Name (Last, First, Middle Initial) FRED THOMPSON Mailing Address 1287 BALLANTRAE FARM DRIVE City MCLEAN State VA Zip Code 22101 Purpose of Disbursement REIMBURSE MEAL EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.014 Date of Disbursement 08 / 11 / 2008 Amount of Each Disbursement this Period 1700.16

SUBTOTAL of Disbursements This Page (optional) ▶

5966.29

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.009 Date of Disbursement
	Mailing Address P.O. BOX 53852	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City PHOENIX State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement 202.35 STORAGE/162.25 CAR RENTAL	<input type="text" value="364.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.027 Date of Disbursement
	Mailing Address P.O. BOX 53852	<input type="text" value="08"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City PHOENIX State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement STORAGE SPACE RENTAL	<input type="text" value="202.35"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.058 Date of Disbursement
	Mailing Address P.O. BOX 53852	<input type="text" value="09"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City PHOENIX State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement PURCHASE NEW CHECKS	<input type="text" value="89.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="656.60"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. BOX 53852 City PHOENIX State AZ Zip Code 85072 Purpose of Disbursement TRAVEL EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.059 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 15906.05 AIRFARE \$4451.00/HOTEL \$7-459.05/CAR RENTAL \$3996.00

B. Full Name (Last, First, Middle Initial) ASSOCIATED PUBLIC AFFAIRS PROFESSIONALS Mailing Address 10424 WOODBURY WOODS COURT City FAIRFAX State VA Zip Code 22032 Purpose of Disbursement CONSULTING SERVICES - POLITICAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.010 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 12000.00

C. Full Name (Last, First, Middle Initial) ASSOCIATED PUBLIC AFFAIRS PROFESSIONALS Mailing Address 10424 WOODBURY WOODS COURT City FAIRFAX State VA Zip Code 22032 Purpose of Disbursement REIM FEDERAL EXPRESS CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.028 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 213.91

SUBTOTAL of Disbursements This Page (optional) ▶	28119.96
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial)
ASSOCIATED PUBLIC AFFAIRS PROFESSIONALS

Mailing Address 10424 WOODBURY WOODS COURT

City FAIRFAX State VA Zip Code 22032

Purpose of Disbursement REIM. FEDERAL EXPRESS CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB.060
Date of Disbursement: 09 / 05 / 2008

Amount of Each Disbursement this Period: 116.76

Category/Type

B. Full Name (Last, First, Middle Initial)
ASSOCIATED PUBLIC AFFAIRS PROFESSIONALS

Mailing Address 10424 WOODBURY WOODS COURT

City FAIRFAX State VA Zip Code 22032

Purpose of Disbursement REIM. EXPENSES AND GENERAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB.061
Date of Disbursement: 09 / 09 / 2008

Amount of Each Disbursement this Period: 1200.41

Category/Type

CONSULTING \$1000.00/TELEPHONE \$79.99/DELIVERY \$120-.42

C. Full Name (Last, First, Middle Initial)
BANK OF AMERICA

Mailing Address P.O. BOX 25118

City TAMPA State FL Zip Code 33622

Purpose of Disbursement BANK CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB.062
Date of Disbursement: 09 / 25 / 2008

Amount of Each Disbursement this Period: 31.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) ► **1348.17**

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A. Full Name (Last, First, Middle Initial) BANKCARD USA MERCHANT SERVICE Mailing Address 5701 LINDERO CANYON ROAD City WESTLAKE VILLAGE State CA Zip Code 91362 Purpose of Disbursement CREDIT CARD PROCESSING FEES Candidate Name	Transaction ID: SB.011 Date of Disbursement 07 / 03 / 2008
	Amount of Each Disbursement this Period 37.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) BRYAN CAVE LLP Mailing Address P.O. BOX 5030B9 City ST. LOUIS State MO Zip Code 63150 Purpose of Disbursement LEGAL SERVICES Candidate Name	Transaction ID: SB.012 Date of Disbursement 07 / 15 / 2008
	Amount of Each Disbursement this Period 10019.03
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) BRYAN CAVE LLP Mailing Address P.O. BOX 5030B9 City ST. LOUIS State MO Zip Code 63150 Purpose of Disbursement LEGAL SERVICES Candidate Name	Transaction ID: SB.043 Date of Disbursement 08 / 11 / 2008
	Amount of Each Disbursement this Period 10002.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	20059.43
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

<p>A. Full Name (Last, First, Middle Initial) BRYAN CAVE LLP</p> <p>Mailing Address P.O. BOX 5030B9</p> <p>City ST. LOUIS State MO Zip Code 63150</p> <p>Purpose of Disbursement LEGAL SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.063</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="05"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10001.20"/></p>
<p>B. Full Name (Last, First, Middle Initial) CMDI</p> <p>Mailing Address 7704 LEESBURG PIKE</p> <p>City FALLS CHURCH State VA Zip Code 22043</p> <p>Purpose of Disbursement DATA FILE MAINTENANCE/COMPLIANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.013</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11948.81"/></p>
<p>C. Full Name (Last, First, Middle Initial) CMDI</p> <p>Mailing Address 7704 LEESBURG PIKE</p> <p>City FALLS CHURCH State VA Zip Code 22043</p> <p>Purpose of Disbursement DATA FILE MAINTENANCE/COMPLIANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.029</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11870.78"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATA FILE MAINTENANCE/COMPLIANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.064 Date of Disbursement 09 / 09 / 2008	Amount of Each Disbursement this Period 4370.78
B.	Full Name (Last, First, Middle Initial) CW ACCOUNTING SERVICES Mailing Address 10424 WOODBURY WOODS COURT City FAIRFAX State VA Zip Code 22032 Purpose of Disbursement REIMBURSE POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.015 Date of Disbursement 07 / 02 / 2008	Amount of Each Disbursement this Period 42.00
C.	Full Name (Last, First, Middle Initial) CW ACCOUNTING SERVICES Mailing Address 10424 WOODBURY WOODS COURT City FAIRFAX State VA Zip Code 22032 Purpose of Disbursement ACCOUNTING SERVICES\$1000/SUPPLIES \$29.99 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.030 Date of Disbursement 08 / 11 / 2008	Amount of Each Disbursement this Period 1029.99

SUBTOTAL of Disbursements This Page (optional) ▶

5442.77

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) CW ACCOUNTING SERVICES	Transaction ID: SB.042
	Mailing Address 10424 WOODBURY WOODS COURT	Date of Disbursement 07 / 02 / 2008
	City FAIRFAX State VA Zip Code 22032	Amount of Each Disbursement this Period 1700.00
	Purpose of Disbursement BOOKKEEPING AND ADMINISTRATIVE SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CW ACCOUNTING SERVICES	Transaction ID: SB.065
	Mailing Address 10424 WOODBURY WOODS COURT	Date of Disbursement 09 / 05 / 2008
	City FAIRFAX State VA Zip Code 22032	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement BOOKKEEPING AND ADMINISTRATIVE SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB.016
	Mailing Address P.O. BOX 660481	Date of Disbursement 07 / 15 / 2008
	City TALLAHASSEE State FL Zip Code 32309	Amount of Each Disbursement this Period 188.27
	Purpose of Disbursement DELIVERY CHARGES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2588.27
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

<p>A. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS</p> <p>Mailing Address P.O. BOX 660481</p> <p>City TALLAHASSEE State FL Zip Code 32309</p> <p>Purpose of Disbursement DELIVERY CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.031 Date of Disbursement: 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 32.36</p>
<p>B. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS</p> <p>Mailing Address P.O. BOX 660481</p> <p>City TALLAHASSEE State FL Zip Code 32309</p> <p>Purpose of Disbursement DELIVERY CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.066 Date of Disbursement: 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 18.18</p>
<p>C. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS</p> <p>Mailing Address P.O. BOX 660481</p> <p>City TALLAHASSEE State FL Zip Code 32309</p> <p>Purpose of Disbursement DELIVERY CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.067 Date of Disbursement: 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 192.79</p>

SUBTOTAL of Disbursements This Page (optional) ▶

243.33

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB.018 Date of Disbursement
	Mailing Address P.O. BOX 105273	<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City ATLANTA State GA Zip Code 30348	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="372.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	Transaction ID: SB.032 Date of Disbursement
	Mailing Address P.O. BOX 105273	<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City ATLANTA State GA Zip Code 30348	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL TAXES	<input type="text" value="372.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) J AND J PRINTING	Transaction ID: SB.045 Date of Disbursement
	Mailing Address 5540 PORT ROYAL ROAD	<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City SPRINGFIELD State VA Zip Code 22151	Amount of Each Disbursement this Period
	Purpose of Disbursement LETTERHEAD PRINTING	<input type="text" value="153.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="897.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) MARK HOLMAN LEASING	Transaction ID: SB.069 Date of Disbursement 09 / 22 / 2008	
	Mailing Address 888 16TH STREET, NW		
	City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period	3805.66
	Purpose of Disbursement CHARTER AIRFARE		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RE-ISSUED OF UNCASHED CHECK TO JSG LEASING ISSUED 1/22/08
	State: District:		
B.	Full Name (Last, First, Middle Initial) MEDIA ASSOCIATES	Transaction ID: SB.046 Date of Disbursement 08 / 11 / 2008	
	Mailing Address 6641 WAKEFIELD DRIVE, #619		
	City ALEXANDRIA State VA Zip Code 22307	Amount of Each Disbursement this Period	11000.00
	Purpose of Disbursement PROF. SERVICES - PUBLIC RELATIONS		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) NOVA INFORMATION SERVICES INC	Transaction ID: SB.025 Date of Disbursement 07 / 10 / 2008	
	Mailing Address 7300 CHAMPION HIGHWAY		
	City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period	45.00
	Purpose of Disbursement CREDIT CARD MERCHANT FEES		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	14850.66
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

<p>A. Full Name (Last, First, Middle Initial) NOVA INFORMATION SERVICES INC</p> <p>Mailing Address 7300 CHAMPION HIGHWAY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement CREDIT CARD MERCHANT FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.033</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 45.00</p>
<p>B. Full Name (Last, First, Middle Initial) NOVA INFORMATION SERVICES INC</p> <p>Mailing Address 7300 CHAMPION HIGHWAY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement CREDIT CARD MERCHANT FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.070</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 45.00</p>
<p>C. Full Name (Last, First, Middle Initial) PAYCHEX</p> <p>Mailing Address 22 CENTURY BLVD SUITE 150</p> <p>City NASHVILLE State TN Zip Code 37229</p> <p>Purpose of Disbursement PAYROLL PROCESSING CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.019</p> <p>Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 110.56</p>

SUBTOTAL of Disbursements This Page (optional) ▶

200.56

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: SB.034 Date of Disbursement 07 / 11 / 2008
	Mailing Address 22 CENTURY BLVD SUITE 150	Amount of Each Disbursement this Period 15.00
	City NASHVILLE State TN Zip Code 37229	
	Purpose of Disbursement PAYROLL PROCESSING CHARGES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: SB.035 Date of Disbursement 08 / 08 / 2008
	Mailing Address 22 CENTURY BLVD SUITE 150	Amount of Each Disbursement this Period 37.50
	City NASHVILLE State TN Zip Code 37229	
	Purpose of Disbursement PAYROLL PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: SB.036 Date of Disbursement 08 / 11 / 2008
	Mailing Address 22 CENTURY BLVD SUITE 150	Amount of Each Disbursement this Period 118.59
	City NASHVILLE State TN Zip Code 37229	
	Purpose of Disbursement PAYROLL PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	171.09
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) PAYCHEX <hr/> Mailing Address 22 CENTURY BLVD SUITE 150 <hr/> City NASHVILLE State TN Zip Code 37229 <hr/> Purpose of Disbursement PAYROLL PROCESSING FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.037 Date of Disbursement 08 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 15.00
B.	Full Name (Last, First, Middle Initial) PAYCHEX <hr/> Mailing Address 22 CENTURY BLVD SUITE 150 <hr/> City NASHVILLE State TN Zip Code 37229 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.038 Date of Disbursement 08 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 424.60
C.	Full Name (Last, First, Middle Initial) PAYCHEX <hr/> Mailing Address 22 CENTURY BLVD SUITE 150 <hr/> City NASHVILLE State TN Zip Code 37229 <hr/> Purpose of Disbursement PAYROLL PROCESSING FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.071 Date of Disbursement 09 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 25.00

SUBTOTAL of Disbursements This Page (optional) ▶	464.60
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: SB.072 Date of Disbursement 09 / 15 / 2008
	Mailing Address 22 CENTURY BLVD SUITE 150	Amount of Each Disbursement this Period 424.60
	City NASHVILLE State TN Zip Code 37229	
	Purpose of Disbursement PAYROLL TAXES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: SB.073 Date of Disbursement 09 / 30 / 2008
	Mailing Address 22 CENTURY BLVD SUITE 150	Amount of Each Disbursement this Period 424.60
	City NASHVILLE State TN Zip Code 37229	
	Purpose of Disbursement PAYROLL TAXES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAYCHEX	Transaction ID: SB.084 Date of Disbursement 09 / 10 / 2008
	Mailing Address 22 CENTURY BLVD SUITE 150	Amount of Each Disbursement this Period 123.97
	City NASHVILLE State TN Zip Code 37229	
	Purpose of Disbursement PAYROLL PROCESSING FEE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	973.17
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) PUBLIC STORAGE	Transaction ID: SB.047
	Mailing Address 1751 OLD MEADOW ROAD	Date of Disbursement MM / DD / YYYY 08 / 11 / 2008
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 2443.20
	Purpose of Disbursement RENTAL STORAGE SPACE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS	Transaction ID: SB.020
	Mailing Address P.O. BOX 91154	Date of Disbursement MM / DD / YYYY 08 / 11 / 2008
	City SEATTLE State WA Zip Code 98111	Amount of Each Disbursement this Period 140.55
	Purpose of Disbursement TELEPHONE SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) RJD GROUP	Transaction ID: SB.040
	Mailing Address P.O. BOX 210753	Date of Disbursement MM / DD / YYYY 08 / 07 / 2008
	City NASHVILLE State TN Zip Code 37221	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement POLITICAL CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7583.75
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) RJD GROUP	Transaction ID: SB.074 Date of Disbursement 09 / 05 / 2008
	Mailing Address P.O. BOX 210753	
	City NASHVILLE State TN Zip Code 37221	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement POLITICAL CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SENDLABS	Transaction ID: SB.075 Date of Disbursement 09 / 09 / 2008
	Mailing Address 121 RIVER FRONT DRIVE, #2	
	City MANCHESTER State NH Zip Code 03102	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement WEB BASED DONOR CONTACT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) STAPLES	Transaction ID: SB.052 Date of Disbursement 08 / 11 / 2008
	Mailing Address BOX 83689	
	City CHICAGO State IL Zip Code 60696	Amount of Each Disbursement this Period 34.09
	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6534.09
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) UPS STORE	Transaction ID: SB.021
	Mailing Address 10332 MAIN STREET	Date of Disbursement MM / DD / YYYY 07 / 02 / 2008
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 126.00
	Purpose of Disbursement MAIL BOX RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) US MONITOR	Transaction ID: SB.053
	Mailing Address 86 MAPLE AVENUE	Date of Disbursement MM / DD / YYYY 08 / 13 / 2008
	City NEW CITY State NY Zip Code 10956	Amount of Each Disbursement this Period 18.00
	Purpose of Disbursement MAIL MONITORING SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) US MONITOR	Transaction ID: SB.076
	Mailing Address 86 MAPLE AVENUE	Date of Disbursement MM / DD / YYYY 09 / 05 / 2008
	City NEW CITY State NY Zip Code 10956	Amount of Each Disbursement this Period 170.75
	Purpose of Disbursement MAIL MONITORING SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	314.75
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) US POSTAL SERVICE	Transaction ID: SB.077
	Mailing Address	Date of Disbursement 09 / 22 / 2008
	City: FAIRFAX STATION State: VA Zip Code: 22039	Amount of Each Disbursement this Period 294.00
	Purpose of Disbursement: POSTAGE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WACHOVIA BANK	Transaction ID: SB.022
	Mailing Address 230 4TH AVENUE NORTH	Date of Disbursement 07 / 23 / 2008
	City: NASHVILLE State: TN Zip Code: 37219	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement: NEW CHECKS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WACHOVIA BANK	Transaction ID: SB.023
	Mailing Address 230 4TH AVENUE NORTH	Date of Disbursement 07 / 31 / 2008
	City: NASHVILLE State: TN Zip Code: 37219	Amount of Each Disbursement this Period 132.50
	Purpose of Disbursement: BANK CHARGES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	431.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WACHOVIA BANK</p> <p>Mailing Address 230 4TH AVENUE NORTH</p> <p>City NASHVILLE State TN Zip Code 37219</p> <p>Purpose of Disbursement BANK CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.039</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11.78"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) WACHOVIA BANK</p> <p>Mailing Address 230 4TH AVENUE NORTH</p> <p>City NASHVILLE State TN Zip Code 37219</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.051</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.75"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) WACHOVIA BANK</p> <p>Mailing Address 230 4TH AVENUE NORTH</p> <p>City NASHVILLE State TN Zip Code 37219</p> <p>Purpose of Disbursement BANK CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.055</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.50"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="25.03"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) WACHOVIA BANK	Transaction ID: SB.078
	Mailing Address 230 4TH AVENUE NORTH	Date of Disbursement MM / DD / YYYY 09 / 10 / 2008
	City NASHVILLE State TN Zip Code 37219	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement BANK CHARGES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) WADE STRATEGIC COMMUNICATIONS	Transaction ID: SB.079
	Mailing Address 6846 MCLEAN PROVINCE CIRCLE	Date of Disbursement MM / DD / YYYY 09 / 05 / 2008
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period 10750.00
	Purpose of Disbursement POLITICAL & PUBLIC RELATIONS CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) WALLERLANDSEN DORTCH AND DAVIS	Transaction ID: SB.054
	Mailing Address P.O. BOX 198966	Date of Disbursement MM / DD / YYYY 08 / 11 / 2008
	City NASHVILLE State TN Zip Code 37219	Amount of Each Disbursement this Period 115.50
	Purpose of Disbursement LEGAL SERVICES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	10875.50
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.	Full Name (Last, First, Middle Initial) YUMA SOLUTIONS, INC.	Transaction ID: SB.024
	Mailing Address P.O. BOX 152075	Date of Disbursement 07 / 15 / 2008
	City TALLAHASSEE State FL Zip Code 33684	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement COMPUTER/TECHNICAL SUPPORT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) YUMA SOLUTIONS, INC.	Transaction ID: SB.041
	Mailing Address P.O. BOX 152075	Date of Disbursement 08 / 11 / 2008
	City TALLAHASSEE State FL Zip Code 33684	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement COMPUTER /TECHNICAL SUPPORT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) YUMA SOLUTIONS, INC.	Transaction ID: SB.080
	Mailing Address P.O. BOX 152075	Date of Disbursement 09 / 17 / 2008
	City TALLAHASSEE State FL Zip Code 33684	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement COMPUTER/TECHNICAL SUPPORT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	169373.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
MARK ELLMORE FOR CONGRESS

Transaction ID: SB.081

Mailing Address 5815 CLAPHAM ROAD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

City State Zip Code
ALEXANDRIA VA 22315

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

--

Candidate Name
MARK ELLMORE

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
WILLIAM RUSSELL FOR CONGRESS

Transaction ID: SB.001

Mailing Address P.O. BOX 630

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	8

City State Zip Code
JOHNSTOWN PA 15907

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

--

Candidate Name
WILLIAM RUSSELL

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 12

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
CHARLES RICE, JR.

Mailing Address P.O. BOX 19019

City ATLANTA State GA Zip Code 31126

Purpose of Disbursement
REFUND OF CONTRIBUTION OVER LIMIT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.082

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

2300.00

ORIGINAL CONTRIBUTION OF \$2300 RECEIVED JULY, 2007. \$5000 RECEIVED THIS PERIOD.

B.

Full Name (Last, First, Middle Initial)
CHASE LAW FIRM, LLC

Mailing Address 1565 VILLAGE SQUARE BLVD.
SUITE 2

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement
REFUND CORPORATE CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.002

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

500.00

ORIGINAL CONTRIBUTION 9/1-9/07

SUBTOTAL of Disbursements This Page (optional) ►

2800.00

TOTAL This Period (last page this line number only) ►

2800.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FRED THOMPSON PAC

A.

Full Name (Last, First, Middle Initial)
CECIL STATON FOR STATE SENATE

Mailing Address P.O. BOX 26427

City State Zip Code
MACON GA 31221

Purpose of Disbursement
REFUND TO STATE CANDIDATE COMMITTEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.003

Date of Disbursement

/ /

Amount of Each Disbursement this Period

ORIGINAL CONTRIBUTION 7/5-
/07

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►